

**APPLICATION FORM FOR SAFE DISPOSAL OF DRUGS, COSMETICS,**

# HOUSEHOLD CHEMICALS, MEDICAL DEVICES AND INVESTIGATIONAL PRODUCTS

Applicant's FDA

Check list Double Check

CHECKLIST

|  |  |  |
| --- | --- | --- |
|  | Covering Letter |  |
|  | Signed Declaration |  |
|  | Fully Completed Application Form |  |

|  |  |  |
| --- | --- | --- |
|  | Attached Inventory in the recommended format |  |
|  | Evidence of Payment of Required Fees |  |

FDA/MCH/MSD/AP-SDP/2019/01

**APPLICATION FORM FOR SAFE DISPOSAL OF COSMETICS,**

# HOUSEHOLD CHEMICALS, MEDICAL DEVICES AND INVESTIGATIONAL PRODUCTS

## A. PARTICULARS OF APPLICANT

1. Name of Company:……………….………………………………………………………..
2. Postal Address: ………………………………………….….…………

………………………

……………………………………………………………………………………………………

1. Location

Address:……………………………………………………………………………….

…………………………………………………………………………………………………….

Tel:...........................…………………..……………….

Fax:……………………………………

E-mail…………………………………………………………..……………...............................

1. Contact Person:……………………………………………………………………………….
2. Position:………………………………………………………………………………………...

1. Relevant Activity (please tick all that apply)

|  |  |
| --- | --- |
|  |  |
|  |
|  |

|  |
| --- |
|  |
|  |

Manufacturer Importer

Distributor Retailer

Other (please specify)………………………………………………….

## B. PARTICULARS OF THE PRODUCTS

1. Product Category:

|  |  |
| --- | --- |
|  |  |
|  |  |

* 1. Drugs d. Household Chemical Substance



* 1. Medical Devices e. Investigational Products

|  |  |
| --- | --- |
|  |  |
|  |  |

* 1. Cosmetic f. Other :

|  |  |
| --- | --- |
|  |  |
|  |  |

1. Kindly provide information on the product(s) by completing the table attached.

It should be submitted in both **hardcopy** and **soft** (*excel format*).

* + 1. Product Description
    2. Quantity
    3. Unit Cost
    4. Total Cost
    5. Reason for disposal
    6. Batch (*applicable to recalled SF products*)

## Declaration

I/We, the undersigned, hereby declare that all information contained herein is correct and true.

Name of Authorized Person:…………………………………………………………

Position:………………………………………………………………………………….

Signature:………………………………………

Date:………………………………………….

Official Stamp:

Page **3** of **4**

*Effective Date: 1st March, 2019*

FDA/DRI/DMS/AP-SDP/2019/01

# INVENTORY OF PRODUCTS FOR SAFE DISPOSAL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.I No.** | **Product Description** | **Quantity** | **Unit Cost**  **(GH₵)** | **Total**  **(GH₵)** | **Reason for Disposal** | **Batch No.**  **(applicable to recalled**  **SF Products)** |
| 1 | Eg. Vermox500mg | 2pkt | 10.10 | 20.20 | Expired |  |
| 2 | Coartem 20/120 | 1pkt | 6.50 | 6.50 | Damaged |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |

Page **4** of **4**

*Effective Date: 1st March, 2019*